


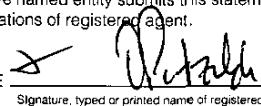
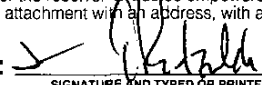
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90053 001 ***511.25

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DOCUMENT # N04000007495			
1. Entity Name THE MISSION FOUNDATION OF FLORIDA, INC.			
Principal Place of Business 6222 TOWER LANE SUITE B-3 SARASOTA, FL 34240		Mailing Address 6222 TOWER LANE SUITE B-3 SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # 1703 Bayphure Rd		3. Mailing Address 1703 Bayphure Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Nokomis FL		City & State Nokomis FL	
Zip 34275	Country USA	Zip 34275	Country USA
6. Name and Address of Current Registered Agent PETZOLDT, CURTIS TODD 6222 TOWER LANE SUITE B-3 SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name: Todd Petzoldt Street Address (P.O. Box Number is Not Acceptable) 1703 Bayphure Rd City: Nokomis FL Zip Code: 34275	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 3-26-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETZOLDT, CURTIS TODD 6222 TOWER LANE, SUITE B-3 SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1703 Bayphure Rd Nokomis, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDISILL, DAVID RAY 3311 92ND AVENUE EAST PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHROCK, JOSHUA LEON 9423 34TH COURT EAST PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 3-26-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	